

**CONSENT FOR RELEASE OF PATIENT MEDICAL REPORT****SECTION 1 REQUESTOR'S DETAILS (Relationship to Patient)**

- Self (Skip the rest of this section and proceed to Section 2)  
 Next of Kin / Legal Representative (Relationship: .....)  
 Insurance Agent  
 Others: .....

Requestor Name	NRIC No. / Birth Certificate No. / Passport No.
Contact No.	Organization (If Applicable)
Signature of Requestor	Date

**SECTION 2 PATIENT'S PARTICULARS**

Patient Name	MRN
Contact No.	NRIC No. / Birth Certificate No. / Passport No.
Age	Gender

**SECTION 3 TYPE OF INFORMATION REQUEST**

- Insurance Form / SOCSO / EPF  
 Written Medical Report  
 Investigation Reports (Please specify): .....  
 Others: .....

*\*Besides the medical report fee, I undertake to pay any additional charges that may be incurred in the preparation of the report.*

**SECTION 4 PREFERRED METHOD OF RELEASE**

- Self- collection by Requestor / Patient (Authorization letter by Patient is required if collected by 3rd Party)  
 Email to: .....  
 Courier to: .....  
(\*fee apply).....

**SECTION 5 DECLARATION AND AUTHORIZATION**

I, the above named Patient / Next-of-Kin of the above-named Patient / Legal Representative of the above-named Patient, declare that the information provided above is true and correct to the best of my knowledge, and where applicable; do hereby authorize Borneo Medical Centre (794545-H) to release the patient's medical report(s) as well as any / all information pertaining to diagnosis and/or treatment given and/or received at Borneo Medical Centre to the Requestor stated above, through the preferred method of release I have chosen at Section 4. In the event I choose a method of release other than self- collection, I accept the following:-

1. that the Hospital has advised me to collect the medical report(s) in person but choose to have the medical report(s) sent / released by the means I have selected above;
2. that I understand and accept that there is a risk of my personal and confidential information being delivered to unintended recipients;
3. that I understand there is a risk of my personal and confidential information being hacked, leaked, lost and destroyed;
4. that I shall not hold Borneo Medical Centre responsible for consequential losses, damages, loss of reputation or any type of losses as a result of my choice of delivery / release of medical report(s).

A photocopy of this declaration and authorization should be considered effective and valid as original.

*\*NOTE: This form is to be signed by the Parents/ Guardian / Next-of-kin of the Patient (if the Patient is a Minor [under 18 years of age] or has a mental capacity to consent for release of information or is deceased).*

Name	NRIC No. / Passport No.
Signature of Patient / Next of Kin / Legal Representative	Date

**FOR OFFICIAL USE ONLY**

**SECTION 6      DOCUMENTS REQUIRED FOR APPLICATION OF MEDICAL REPORTS**

**PATIENT**

- Consent for Release Medical Information Form from Patient
- A copy of Identity Card / Passport of the Patient
- Application letter pertaining to the request
- Insurance claim forms or other claim form by the Patient (Insurance, EPF, SOCSO)
- Other document(s) related with application

**MOTHER/ FATHER/ LEGAL GUARDIAN (For Patients under the age of 18)**

- Consent for Release Medical Information Form from Mother / Father or Guardian
- A copy of the Birth Certificate of the Patient
- A copy of the Identity Card of the Parent / Legal Guardian
- Application letter pertaining to the request
- Insurance claim forms or other claim form by the Patient (Insurance, EPF, SOCSO)
- Other document(s) related with application

**HEIR (Husband/ Wife/ Children/ Mother/ Father/ Same Father's Siblings)**

- Consent for Release Medical Information Form from heir
- A copy of the Birth Certificate/ Identity Card/ Passport of the Patient
- A copy of the Birth Certificate/ Identity Card/ Passport of validated heir
- A copy of Death Certificate
- A copy of Marriage Certificate
- Application letter pertaining to the request
- Insurance claim forms or other claim form by the Patient (Insurance, EP, SOCSO)

**REPRESENTATIVE (Insurance/ Lawyer and etc)**

- Consent for Release Medical Information Form
- A copy of the Birth Certificate/ Identity Card/ Passport of the Patient
- Other document(s) related to the status as below:
  - i. Patient
  - ii. Mother/Father/Legal Guardian
  - iii. Representative